

L12000158168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

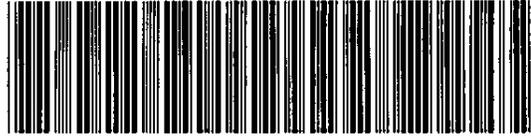
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS  
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O SIMMONS  
NOV 14 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 906453 7239431

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : November 10, 2017

ORDER TIME : 10:13 AM

ORDER NO. : 906453-005

CUSTOMER NO: 7239431

CHANGE OF AGENT

NAME: JUSDEX LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: JUSDEX, LLC

|   |   |
|---|---|
| 2. (a) _____<br>Principal office address of limited liability company:<br><i>(Note: MUST BE STREET ADDRESS)</i> | (b) _____<br>Mailing address of limited liability company:<br><i>(Note: MAY BE POST OFFICE BOX)</i> |
| <u>TWO ALHAMBRA PLAZA SUITE 1040</u>  | <u>TWO ALHAMBRA PLAZA SUITE 1040</u>  |
| <u>CORAL GABLES, FL 33134</u>   | <u>CORAL GABLES, FL 33134</u>   |

|  |   |
|--|---|
| 3. <u>12/18/2012</u><br>Date of filing/registration in Florida | 4. <u>L12000158168</u><br>Document number |
|--|---|

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

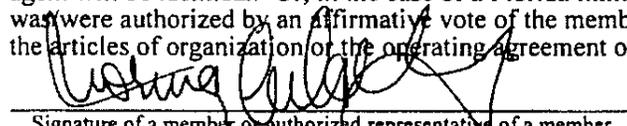
NORMA CASTILLO  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
TWO ALHAMBRA PLAZA SUITE 1040  
CORAL GABLES, FL 33134

(b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

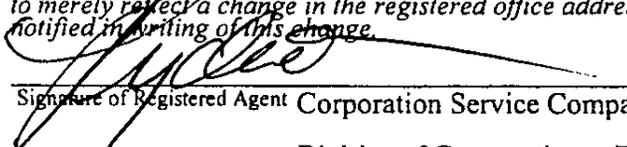
1201 Hays Street  
NEW Registered Office Address:  
  
Tallahassee, FL 32301

DIVISION OF CORPORATIONS  
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

|  |   |
|--|---|
| <br>_____<br>Signature of a member or authorized representative of a member | <u>NORMA CASTILLO</u><br>_____<br>Printed or typed name of signee |
|--|---|

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
 \_\_\_\_\_  
 Signature of Registered Agent Corporation Service Company BY: Lydin Calahan  
As: \_\_\_\_\_

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
**FILING FEE: \$25.00**